

# HHS/CDC Global AIDS Program (GAP) in Botswana – FY 2003



## About the Country of Botswana

**Capital City:** Gaborone

**Area:** 600,370 sq km (231,804 sq mi)

**Population:** 1.6 million

## HIV/AIDS Situation in Botswana

**HIV Infected:** 330,000<sup>1</sup>

**AIDS Deaths:** 26,000<sup>2</sup>

**AIDS Orphans:** 69,000<sup>3</sup>

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world. When surveillance began in 1992, 18.1% of pregnant women tested positive for HIV, increasing to 35.4% by 2002. This trend peaked in 2000 at 38.5% and has declined slightly, but not significantly, in the last 2 years. It is estimated that in 2002, 258,000 people aged 15-49 years were currently living with HIV in the country. Based on the latest data from the Central Statistics Office, about 18% of all deaths were attributed to

HIV/AIDS, making it the leading cause of death among women, men, and children in Botswana. It is estimated that by 2010 life expectancy could drop to as low as 29 years. If nothing is done to halt this growing epidemic, one-third of Botswana's adult population could die over the next eight to 12 years.

## About the Global AIDS Program in Botswana

**Year Established:** 2000

**FY 2003 Budget:** \$8.12 million USD

**In-country Staffing:** 3 CDC GAP Direct Hires; 178 Locally Employed Staff; 10 Contractors<sup>4</sup>

## Program Activities and Accomplishments

In FY 2003, GAP Botswana achieved the following accomplishments in the highlighted areas:

### HIV Prevention

- Managed, administered, and staffed the voluntary counseling and testing (VCT) program, including 16 "Tebelopele" standing VCT centers, 6 satellite sites, and mobile VCT services. Tebelopele is the lead sponsor of the "Know Your Status" campaign, reaching more than 45,000 clients for counseling and testing.
- Officially opened 5 VCT centers and received national media coverage for the openings.
- Encouraged and supported routine HIV testing in all health facilities.
- Evaluated sexually transmitted infection (STI) treatment algorithms using updated treatment guidelines.
- Supported a local, youth-run non-governmental organization (NGO) to spread awareness about HIV/AIDS, motivate youth to protect themselves, and increase utilization of HIV prevention and care programs amongst their peers. Approximately 51,000 young people

<sup>1</sup> Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

<sup>2</sup> Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook/geos/et.html>.

<sup>3</sup> Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

<sup>4</sup> Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

received these health messages via “edutainment,” which includes theater, traditional dance, poetry, music, jam sessions, one-on-one outreach activities, rallies, debates, and talk shows.

- Collaborated with the Ministry of Education to develop HIV/AIDS materials for students at the primary and secondary levels.
- Developed and pilot-tested a workplace peer counseling curriculum and facilitators’ manual for local businesses.
- Worked with the government and other groups to develop a radio serial drama, *Makgabaneng*, focusing on culturally-specific AIDS issues. More than 250 episodes have aired throughout the country over Radio Botswana. Preliminary results of a national survey indicate that approximately 45% of the population listens to *Makgabaneng* at least once a week.

### **Preventing Mother-to-Child HIV Transmission (PMTCT)**

- Supported the national program in developing educational and training materials.
- Worked with the United Nations Children’s Fund (UNICEF) to establish a community mobilization strategy. This strategy trained PMTCT counselors, provided technical assistance and support to the national program, established a multidisciplinary PMTCT program evaluation site, and initiated the establishment of a peer network of program participants.
- Supported a study that suggests “routine” HIV testing in antenatal care is likely to be socially acceptable, yet highlights the need for strengthening links between antenatal HIV testing, the antiretroviral (ARV) program, and community support organizations to improve the national PMTCT program.

### **HIV/AIDS Care and Treatment**

- Expanded the nationwide Isoniazid Preventive Therapy (IPT) program to prevent tuberculosis (TB), the leading cause of death among adults with AIDS in Botswana.
- Supported research that found that IPT should be an essential routine clinical service for all eligible People Living with HIV/AIDS (PLWHA).

### **Surveillance and Infrastructure Development**

- Collaborated with the government, the Gates and Merck foundations, and the Harvard AIDS Institute to increase laboratory capacity for monitoring patients on HIV drugs. Trained 50 country nationals, including 30 district health staff, on Epi Info 2002. Strengthened management and leadership skills of 15 middle-level managers in NGO and public health settings.
- Trained 68 individuals for the purpose of training others in IPT.

### **Other**

- Collaborated with the government on the BOTUSA Project, which provides technical assistance, consultation, funding, program implementation, research for prevention, care and support, and surveillance of HIV/AIDS, TB, and STIs.
- Collaborated with the government on a national door-to-door HIV education program. Total Community Mobilization (TCM) covers nine districts, reaching 65% of the country.
- Supported a local faith-based organization to develop a countrywide network of 125 church-based, volunteer counselors to provide HIV/AIDS community prevention and counseling and care services, including a focus on the PMTCT counseling training effort.

## **Challenges**

Thousands have failed to be tested for HIV, which is the first concrete step to halting the epidemic. Real innovation is needed to make HIV testing a routine and normal activity.

Uptake of antiretroviral treatment (ART) remains low; though approximately 110,000 HIV-positive are eligible to begin ART, only 10,000 are on treatment. Some of the challenges in the introduction of ART include human resource constraints, infrastructure weaknesses, and associated negative stigma.